

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/896813  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		9				
11		9				
12		9				
13		9				
14		9				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		9				
24		9				
25		9				
26		9				
27		9				
28						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.		105				
TOTAL CLAIMS		107				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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58						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS